FORM B1 United States Bankruptcy Court Southern District of New York							Voluntary Petition EMERGENCY FILING				
Name of Debtor (if Allen, Janet	individual, enter	Last, First, 1	Middle):		Name of J	oint Debt	or (Spouse) (Last				
All Other Names used by the Debtor in the last 6 years (include married, maiden, and trade names):						All Other Names used by the Joint Debtor in the last 6 years (include married, maiden, and trade names):					
Last four digits of So (if more than one, state all	xxx-xx-2913				Last four d (if more than	igits of So one, state all	oc. Sec. No. / Cor	nplete EIN or other Tax I.D. No.			
Street Address of Do 2480 8th Avenue New York, NY 10	Apt 2C	et, City, State	& Zip Code):		Street Add	ress of Jo	int Debtor (No. &	Street, City, State & Zip Code):			
County of Residence Principal Place of B	usiness: Nev	v York			County of Principal I						
Mailing Address of	Debtor (if differe	nt from stree	t address):	-	Mailing A	ddress of	Joint Debtor (if	different from street address):			
Location of Principa (if different from stre	Assets of Busin et address above)	ess Debtor			_						
preceding the d	ate of this petitio	n or for a lo erning debtor all boxes th Rail Stoc Com	nger part of so r's affiliate, ge nat apply) road	uch 180 de eneral part	Ch Chap	any other tnership p apter or the ter 7 ter 9	District. Dending in this Discretion of Bank	truptcy Code Under Which d (Cheek one box) pter 11			
Chapter 11 Debtor is a sma	Small Business of	Check one b Busi Check all bo	oox) ness oxes that apply J.S.C. § 101		Full I Filing Must	filing Fee Fee to be attach sig	Filing Fee (Chattached paid in installment application f	nts (Applicable to individuals only.) or the court's consideration e to pay fee except in installments.			
Statistical/Administr Debtor estimate Debtor estimate will be no fund	s that funds will	be available exempt prope	for distribution erty is exclude	d and adn			paid, there	THIS SPACEIS FOR COURT USE ONLY			
Estimated Number o	f Creditors		6-49 50-99	100-199	200-999	1000-over		9'0' AL 1111			
Estimated Assets \$0 to \$50,00 \$50,000 \$100,0	00 \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,00 \$50 millior		000,001 to	More than \$100 million	FILED COURTS SEP - 6 P IS: 40			
Estimated Debts \$0 to \$50,000 \$50,000 \$100,0		\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,00 \$50 million		900,001 to 0 million	More than \$100 million	FIRED CORRY.			

In re	Janet Allen	Case No	<u>-</u>
In re	Janet Allen	Debtor	

EMERGENCY PETITION

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community maybe liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

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ananymonia NANG	Tc	Н	shand, Wife, Joint, or Community	Ξç	N	민	
CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	O D E B T O R	C N H	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	DX1-GD-D4FED	SPUTED	AMOUNT OF CLAIM
Creditor #: 1 Asset Acceptance LLC Post Office Box 44426 Nottingham, MD 21236-6426		-				X	
		1		\perp	+	_	1,304.02
Account No. 1996/05 Creditor #: 2 Harvey Sharinn Sharinn & Lipshie, PC 200 Garden City Plaza Suite 50						x	
Garden City, NY 11530				_	\downarrow		1,304.02
Account No. 1996/05 Creditor #: 3 Office of City Marshal Richard A. Capuano Badge # 22 62-59 Woodhaven Boulevard						×	
Rego Park, NY 11374				\downarrow	_ -	+	1,304.02
Account No.							
0 continuation sheets attached			(Total		ıbto is p		3,912.0
			(Report on Summary of		To	otal	3 042 0

United States Bankruptcy Court Southern District of New York

		Dunicin District of field Lorn		
ı re	Janet Allen	Debtor(s)	Case No. Chapter	7
		•	-	
	VERIFICATION O	F CREDITOR MATRIX - EN	MERGENC'	Y PETITION
	, 2111111111111111111111111111111111111			
ab	ove-named Debtor hereby verifies	that the attached list of creditors is true and	correct to the bes	st of his/her knowledge.
		amel a		
ate:	September 2, 2005	Janet Allen	120	
		Signature of Debtor		